the farthest point of the calf of the leg that can be reached behind, covering accurately the instep, the toes, sole and heel, and not leaving a wrinkle or crease. The large knife which has previously been employed for spreading the bandages with egg and flour, is now employed as a spatula, and taking a few of the tails of bandages which have been left unspread, these are passed beneath the limb, and one after the other brought around it (as shown by the dotted lines), so as to confine the wet tails to the leg, and not allow them to be raised from off it as they otherwise would be by the expansion of the heated air which becomes rarefied within.

"The limb is now *left uncovered* till next day; if covered, the splint will not dry, but retains a kind of pasty condition, whilst if exposed to the air for twenty-four hours it will be as firm and as light as cardboard on the limb. Upon the succeeding day the patient turns over upon his opposite hip, and the same proceeding is repeated exactly as before, taking care that the lint lining goes well over the limb, so as to be in advance everywhere of the plastered strips, which if allowed to come in contact with the other portion of the splint would intimately adhere to it, and cause difficulty in the separation of the halves; this too is allowed to dry. Upon the succeeding morning the two half splints, or only the second half, as the surgeon may think fit, are removed, the edges trimmed neatly with scissors, the second half overlapping the other by at least half an inch, insuring correctness, whilst all pinching of the integument is prevented; when the roller bandage is subsequently put on, the two portions of the splint, in fact, should glide, as it were, the one over the other. Nothing more remains to be done; a couple of fillets to confine them to the limb, or a lightly applied roller bandage are sufficient, and the patient may now lie in bed with his leg straight or bent, as he wishes, raised up upon a pillow, or slung, whichever way he fancies or feels it easiest; and after a few days may get up, supporting the extremity by a sling round his neck.

"Subsequently, when the patients come to exercise and move about, and the size of the limb to decrease, the splints may be brushed over inside with hot paste (as also around the edges), and a piece of chamois leather, previously cut to the size and shape, moulded in to form a softer and additional lining.

"These splints are very light, weighing, when dry, but a few ounces, yet from their extreme accuracy in fitting the limb, and evenness of pressure, most surprisingly strong.

"The same material I also employ in the immediate treatment of fracture of the fibula, and, at a later period, in fracture of the thigh, used in the circular form; put on, however, in tails, imbricated one over the other, and not as a roller bandage. Thus applied it is, of course, necessary to slit it up prior to removal, and for this purpose I employ a blunt gorget with the handle reversed, using it as an ordinary director, and cutting down upon the grooved steel with any sharp pointed knife. Seutin's pliers and all other kinds of scissors and dividers I have tried and found objectionable in use, causing more or less annoyance and pain to the patient from the pressure exercised upon the soft parts in making a division of the harder external case, whereas the gorget slips along upon the skin, whilst its broad, round, and polished surface is cut down upon without the slightest motion or pressure, and is not noticed hardly by the individual."

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36. *Rare Variety of Inguinal Hernia* (*Cooper's Encysted Hernia of the Tunica Vaginalis*).—As the result of an elaborate investigation into the nature of this form of hernia, M. BOURQUET arrives at the following conclusions: 1. There is a variety of hernia characterized by the presence, within the tunica vaginalis of the testis, of an isolated and independent hernial sac. 2. This sac, entirely distinct from the tunica vaginalis, is formed by a diverticulum of the peritoneum, which becoming engaged within the superior orifice of the inguinal canal, afterwards projects within the cavity of the serous membrane of the testis. 3. The tunica vaginalis then presents a more or less considerable enlargement, and may become the seat of an accumulation of liquid, which coexists with the hernia. 4. The designation, "hernia with a double sac," or "hernia with intra-vaginal sac," would seem to be more appropriate, as giving a more exact idea of the nature of the affection than that of "encysted hernia of the tunica vagi-

nalis," bestowed upon it by Sir Astley Cooper. 5. The nature of this hernia is accidental, not congenital, and its mode of production, its symptomatology, its progress, and its anatomical characters, place it in the same category with ordinary inguinal hernia. 6. Strangulation may not only take place at the neck of the sac and the aponeurotic rings, but also much lower down, within the interior of the tunica vaginalis itself, through a laceration of that membrane. 7. The increased extent of the tunica vaginalis, and the presence of liquid in its interior, may lead the surgeon into error at the time of the operation for the strangulated hernia, causing the sac to be mistaken for the intestine, and leading to the belief that the sac has been opened, when the tunica vaginalis only has been entered. 8. In order to avoid this error, of which examples are recorded in the annals of surgery, the sac should be drawn out and cautiously opened either with the nails or by the bistoury.—*Brit. and For. Medico-Chir. Review*, April, 1865, from *Gaz. Hebdom.*, Nos. 44–50, 1864.

37. *Hydrocele of the Canal of Nuck.*—Dr. Albert Walsh brought under the notice of the Surgical Society of Ireland (March 24, 1865) the following case of this:—

Mary M. Dermot, an emaciated woman, who stated her age to be 46, was admitted into the Adelaide Hospital on the 18th of last January. She was then suffering under scirrhus of the right breast of eighteen months' standing, and was in almost the last stage of cancerous cachexia. The right arm was markedly œdematous, and shortly after her admission, the right leg became œdematous also. On exposing her groin for the purpose of showing the enlarged glands to the class, I observed a tumour occupying the position of the external abdominal ring. The patient's attention having been called to it, she at once stated, that she had never noticed it until the week before, when she felt it "among the other kernels." It was oval in shape, about the size of a small egg, and communicated a distinct sense of fluctuation. It was not influenced in any way by pressure or manipulation. It received no impulse upon coughing or straining, and was perfectly translucent when viewed by transmitted light. Under these circumstances I expressed my opinion that it was probably a hydrocele of the round ligament, and on the 4th of February proceeded to tap it with a fine trocar. I drew off about two ounces of a clear albuminous fluid resembling that contained in a hydrocele of the tunica vaginilis, when the tumour collapsed and entirely disappeared. The external puncture was then sealed up with collodion. The next day the patient complained of some pain in the part, the sac commenced to refill, and had almost regained its former size when she died, on the 11th of February.

I made a careful post-mortem examination forty-eight hours after death, when the œdema of the right extremities was fully accounted for, by the enlarged interthoracic and iliac glands. On raising a triangular flap of skin and dissecting down upon the tumour, I found it to be of a light-blue colour, completely filling up the external abdominal ring and extending along the inguinal canal, both pillars of the ring being clearly defined and distinctly separable from it by a probe. Below, the sac ended in a bulging extremity fully a quarter of an inch short of the termination of the posterior wall of the canal, and was attached throughout to the round ligament, which could be traced by itself some distance further down. On slitting up the ring the sac was seen to extend nearly half-way up the canal, and its entire dependence on the round ligament became apparent, traction on the ligament from within producing corresponding movement in the sac. The specimen, in fact, answered in every respect to the description given by Regnoli[1] of his third variety of hydrocele in woman—namely, "hydrocele of the canal of Nuck without communication with the peritoneum. On the extreme rarity of this form of hydrocele it is unnecessary to insist. So much is it the case, that not only do the ordinary text-books of Druitt, Erichsen, and Cooper completely ignore the subject, but even Chelius and Rokitansky overlook it, while Paget merely informs his readers in a footnote of two lines that there *is* such a thing as hydrocele of the round ligament.

[1] Arch. Gén. de Méd., second series, vol. v. p. 114.